



Cora J. Belden Library

APPLICATION FOR USE OF MEETING ROOMS

Date of Application _____

Date of Meeting(s) _____ Time of Meeting(s) _____

Organization _____

Insured by _____ Agent/Company
(certificate attached)

Approximate attendance _____

Name of Individual Representing Organization _____

Address _____

Telephone: (cell) _____ (work) _____

Email _____

I understand that my organization will be responsible for any damage incurred; that the guidelines for meeting room use must be adhered to; and that our continued use of the meeting rooms depends upon our ability to follow these guidelines. I have received a copy of the guidelines and have read it before completing this application.

Signature _____ Title _____

Please complete this application and return it to the Library Secretary, Cora J. Belden Library, 33 Church Street, Rocky Hill, CT 06067. It must be signed and returned to the library before the room is used.